

# TRADITIONAL ARTS APPRENTICESHIP FORM 2

All TRAap applicants should read the guideline instructions to correctly complete this application. Neatly handwrite or type in 12-point. Fill in all fields and complete the budget and checklist on page 23.

## MASTER ARTIST

Name \_\_\_\_\_ A.K.A. \_\_\_\_\_  
 Art Form(s) \_\_\_\_\_ Occupation \_\_\_\_\_  
 Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_ County \_\_\_\_\_  
 Phone Day \_\_\_\_\_ Evening \_\_\_\_\_  
 Cell \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

◆ U.S. Congressional District 1 ☐ OR District 2 ☐ ◆ State Legislative District \_\_\_\_\_  
 (See page 62)

I am willing to take \_\_\_\_\_ as my apprentice as outlined in this application.  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

## APPRENTICE

Name \_\_\_\_\_ A.K.A. \_\_\_\_\_  
 Art Form(s) \_\_\_\_\_ Occupation \_\_\_\_\_  
 Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_ County \_\_\_\_\_  
 Phone Day \_\_\_\_\_ Evening \_\_\_\_\_  
 Cell \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

If you are currently enrolled in a degree-seeking program, what is your major? \_\_\_\_\_  
 (Some degree-seeking students are not eligible, see page 9)

◆ U.S. Congressional District 1 ☐ or District 2 ☐ ◆ State Legislative District \_\_\_\_\_  
 (See page 62)

I am willing to take \_\_\_\_\_ as my master as outlined in this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Required)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Parent or guardian's signature is required for apprentices under the age of 18.)

The optional information below is requested so the Commission can better serve constituents.

	Master (fill out boxes below)	Apprentice (fill out boxes below)
Citizenship	<input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Refugee	<input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Refugee
Idaho resident	<input type="checkbox"/> Yes, number of years <input type="checkbox"/> No	<input type="checkbox"/> Yes, number of years <input type="checkbox"/> No
Ethnicity or tribal affiliation		
Country, year, and place of birth		